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# Home and Community-Based Waiver Services

# Overview

- Home and Community-Based Waiver Services
  - Home and community-based agency
  - Care coordination
  - Residential supported living/Assisted living home
  - Environmental modification
  - Fetal Alcohol Syndrome Disorder/Severe Emotional Disturbance (FASD/SED)



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# Overview, cont.

- Provider Enrollment Requirements
- Recipient Eligibility
- Covered Services
- Reimbursement



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# Frequently Referenced Federal & State Regulations

- Code of Federal Regulations (CFR)
  - Title 42 - Public Health
  - <http://origin.www.gpoaccess.gov/cfr/>
- Alaska State Statutes
  - <http://www.legis.state.ak.us/fohome.htm>
- Alaska Administrative Code (AAC)
  - Title 7 - Health & Social Services:
    - Chapters 105-160 – Medical Assistance
    - Chapter 48 - Chronic and Acute Medical Assistance (CAMA)
  - <http://www.legis.state.ak.us/fohome.htm>



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# Waiver Provider Enrollment Requirements

- Certification and approval from Division of Senior and Disability Services (SDS)
- Enrollment with Alaska Medical Assistance

# Renderers Only

- Care coordinator
- Personal care assistant
- Registered nurse
- Licensed practical nurse
- Respiratory therapist



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# National Provider Identifier

- Individual, Type 1 NPI requires individual enrollment with Alaska Medical Assistance.
- Organizational, Type 2 NPI requires group enrollment with Alaska Medical Assistance.



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# Records

- Record Keeping Requirements
  - Provider agreement
  - Provider type specific
- Record Request Regulations
  - Audits and reviews
  - Investigations



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# Recipient Eligibility

- Home and Community-Based Agency, Care Coordination, Environmental Modifications:
  - Meet specific income criteria
  - Be in one of the following population groups:
    - Aged
    - Adult physically disabled
    - Developmentally disabled/Mentally retarded
    - Children with medically complex conditions
    - Children with FASD/SED



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# Recipient Eligibility, cont.

- Residential Supported Living/Assisted Living Homes
  - Meet specific income criteria
  - Be in one of the following population groups:
    - Aged
    - Adult physically disabled



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# Recipient Eligibility, cont.

- Fetal Alcohol Spectrum Disorder/Severe Emotional Disturbance:
  - Meet specific income criteria
  - Be in one of the following population groups:
    - Ages 14-21
    - Diagnosed or suspected FASD/SED
    - RPTC eligible



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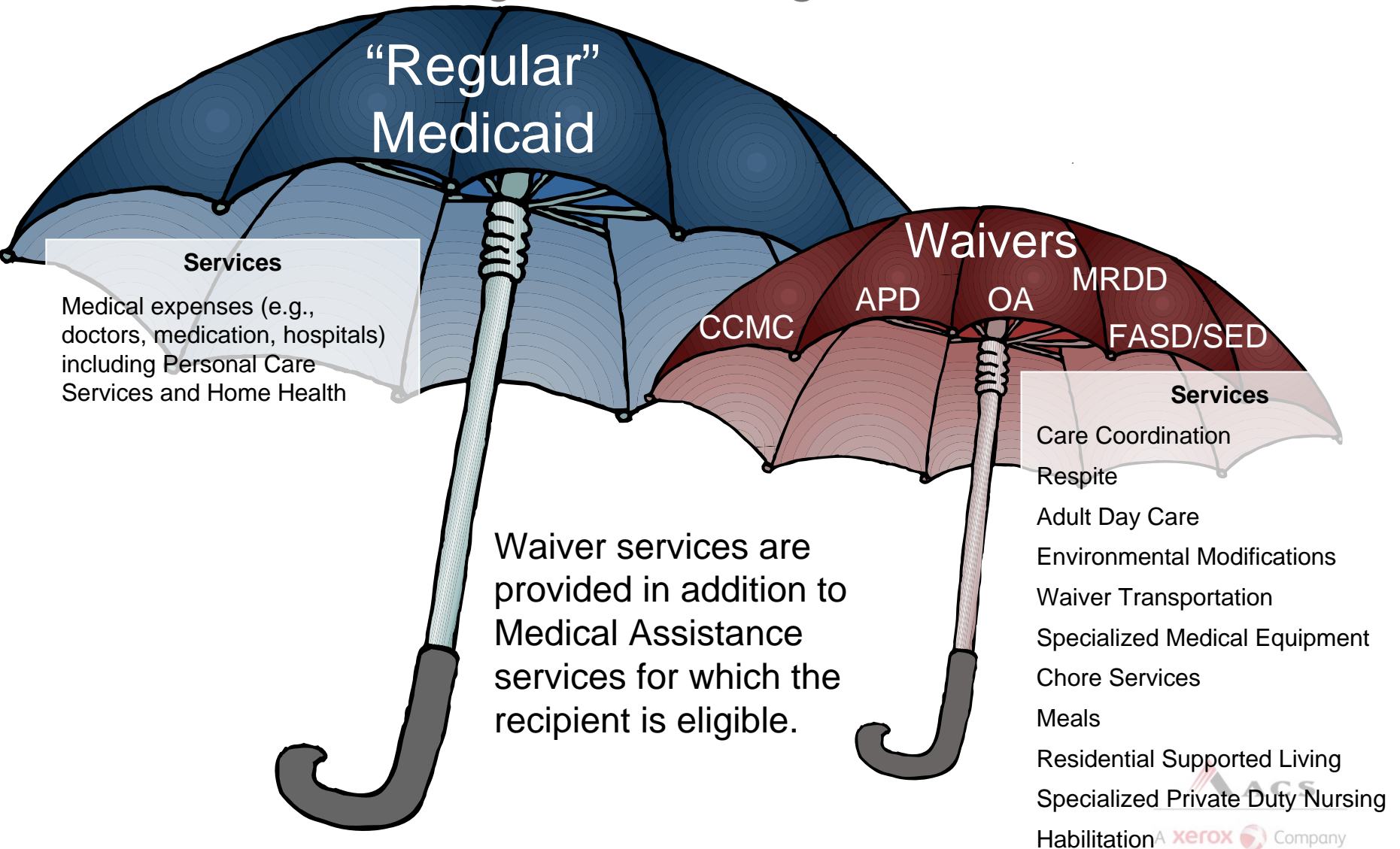
# Eligibility for Waiver Services

- Regular Medical Assistance eligibility
- Waiver program eligibility
  - Institutional level of care
  - Financial eligibility



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# Waiver Program vs. Regular Medicaid



# Recipient Eligibility

- Verify recipient eligibility
- Eligibility period
- Eligibility codes



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# Verify Recipient Eligibility

- Coupon or card
- Electronic transaction
- Eligibility verification system (EVS)
- Eligibility form
- Contact Provider Inquiry at ACS



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# Recipient Application Process

- Screening, assessment, level of care, and plan of care:
  - Initial, informal screening
  - Assessment, if warranted
  - Plan of care development



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# Plan of Care

- Availability of enrolled providers
- Types of services
- Family and community supports
- Type, amount, frequency, duration, and cost of each HCB service



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# HCB Waiver Services

- Care coordination
- Habilitation
- Adult day care
- Respite



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# HCB Waiver Services, cont.

- Chore
- Environmental modifications
- Meals
- Waiver transportation



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# Care Coordination Service Limits

Service	Limit	Comments
Initial Screening	One (1) screening per client if found eligible Two (2) per Waiver year if ineligible after first screening	Additional screenings require prior authorization
Plan of Care	One (1) per client per year	Additional plan of care requires prior authorization
Annual Assessment with prior approval by DSDS	One (1) during first year One (1) annually unless authorized	
On-going Care Coordination	Two (2) contacts per month with recipient required; reimbursement is once per month	Can be billed during first calendar month of recipient's eligibility

# Care Coordination Services

Amount	Code	Description
\$ 75.00	T1023	<b>Screening</b> to determine the appropriateness of an individual for participation in a specified program, project, or treatment protocol, per encounter (OA/APD/CCMC only)
\$240.00	T2024	<b>Service assessment</b> , waiver (OA/APD/CCMC only)
\$320.00	T2024 U2	<b>Plan of care development</b> , waiver
\$120.00	T2024 U4	<b>Service Assessment</b> , waiver (CCMC only)
\$200.00/month	T2022	<b>Case Management</b> ; per month



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# Home and Community-Based Waivers

T2017 U4	In-Home Habilitation, residential, waiver; <b>per 15 minutes</b>
S5140 U2 and S5145 U2	<b>S5140U2</b> - Shared care services, adult (age 18 and over); per diem. <b>S5145U2</b> - Shared care services, child (through age 17), per diem
S5140 and S5145	<b>S5140</b> - Family habilitation home services, adult (age 18 and over); per diem. <b>S5145</b> - Family habilitation home services, child (through age 17), per diem
T2017	Supported Living Habilitation, residential, waiver; <b>per 15 minutes</b>
T2016	Group Home Habilitation, residential, waiver; per diem
T2021	Day habilitation, residential, <b>waiver; per 15 minutes</b>
T2019	Supported Employment Habilitation, waiver; <b>per 15 minutes</b>
T2034	Intensive Active Treatment, waiver; per diem



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# Home and Community-Based Waivers, cont.

## Adult Day Care (for Older Alaskans & Adult Disabled Only)

S5101	Day care services, adult; per half day.
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## Respite

S5150	Respite care, not hospice; per 15 minutes
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S5151	Respite care, not hospice; per diem
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S5150 U2	Family-directed respite care, not hospice; per 15 minutes
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S5151 U2	Family-directed respite care, not hospice; per diem
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# Home and Community-based Waivers, cont.

Chore Services	
S5120	Chore services; per 15 minutes

Environmental Modification Services		
\$10,000 (1 Unit = \$1.00)	S5165	Home modifications; per service
As approved	S5165 U2	Home modifications (admin fee); per service



# Home and Community-Based Waivers, cont.

## Meals

S5170	Home delivered meals, including preparation; per meal
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T2025	Meal in congregate setting, per Meal
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## Transportation

T2003	Non-emergency transportation; encounter/trip
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T2001	Non-emergency transportation; patient attendant/escort
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# Specialized Medical Equipment and Supplies

Amount	Code	Description
As Approved	NAACN	Communication enhancement, <b>hearing</b> deficit, common interventions, Interventions, Nursing - Working toward accepting and learning alternate methods for living with diminished hearing.
As Approved	NAACO	Communication enhancement, <b>speech</b> deficit, common interventions, Interventions, Nursing - Working toward accepting and learning alternate methods for living with diminished speech.
As Approved	NAACP	Communication enhancement, <b>visual</b> deficit, common interventions, Interventions, Nursing - Working toward accepting and learning alternate methods for living with diminished vision.
\$700 (Hand Controls)	T2039	Vehicle modifications, waiver; per service

# Specialized Medical Equipment and Supplies, cont.

Amount	Code	Description
\$40.00	S5161	Emergency Response System monthly fee
\$50.00	S5160	Emergency Response System installation and testing
As Approved	T2028	Specialized <b>supply</b> , NOS (not otherwise specified)
As Approved	T2029	Specialized <b>equipment</b> , NOS



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# Process for Authorizing Waiver Services

- Submit plan of care to DSDS.
- Service authorization determinations made by DSDS (via COSI for OA/APD Waivers and via PayerPath<sup>®</sup> for MRDD/CMCC Waivers).
- Approved authorizations (PAs) for services sent electronically to ACS within one to two days.
- DSDS sends formal denial notices to the care coordinator, servicing provider, and recipient if services are not authorized.



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# Summary: Home and Community-Based Waiver Services

- Providers must be enrolled.
- Claims must be submitted within 12 months from the date of service.
- Eligibility must be verified.
- Refer to your billing manual or call PI.

# Preparing for HIPAA 5010

- Centers for Medicare and Medicaid Services (CMS) Standard
- 5010 Implementation January 1, 2012
- Regulate Electronic Transmission of Healthcare Transactions
- 5010 Transactions Testing



# Preparing for ICD-10

- Center for Medicare and Medicaid Services (CMS) Mandate
- Two components
  - ICD-10-CM Diagnosis Codes
  - ICD-10-PCS Institutional Procedure Codes
- Service Date Driven
  - Outpatient Claims
  - Inpatient Claims
- Prepare Now



# Resources

- CMS ICD-10 Website
- <http://www.cms.gov/ICD10/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
- <http://medicaidalaska.com>



# Resources

- CMS 5010 D.0 Websites
  - <http://www.cms.gov/Versions5010andD0/>
  - <http://www.cms.gov/MFFS5010D0/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
  - <http://medicaidalaska.com>

# Contacts

- Websites:
  - ACS: <http://medicaidalaska.com>
  - DSDS: <http://www.hss.state.ak.us/dsds>



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